

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000875

1. Entity Name  
FAMILY SGC LIMITED PARTNERSHIP



Principal Place of Business  
151 WODEN WAY VALHALLA  
WINTER HAVEN FL 33884

Mailing Address  
P.O. BOX 109  
WINTER HAVEN FL 33822-0109

APPROVE  
AND  
FILED

03 MAR -6 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b> 4. FEI Number <b>59-3646475</b> <input type="checkbox"/> Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DORR, GEORGE C 151 WODEN WAY VALHALLA PO BOX 109 WINTER HAVEN FL 33884		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$150,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$150,000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DORR, GEORGE C	STREET ADDRESS	
NAME	205 LAKE SUMMIT DRIVE WEST	CITY-ST-ZIP	
STREET ADDRESS	WINTER HAVEN FL 33882-0109		
CITY-ST-ZIP			
DOCUMENT #	DORR, ANNABELLE B	STREET ADDRESS	
NAME	205 LAKE SUMMIT DRIVE WEST	CITY-ST-ZIP	
STREET ADDRESS	WINTER HAVEN FL 33882-0109		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-03

Date

Daytime Phone #

CR2E003 (10/02)